Name: _____

On Assignment® Healthcare Staffing

Skills Checklist

PHYSICAL THERAPIST/PHYSICAL THEPAPIST ASSISTANT SELF-ASSESSMENT SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:
1. Can function independently
2. Experienced but may need review
3. Limited experience
4. No experience

Acute	1	2	3	4
Gait Training	❑	❑	❑	❑
General Medical	❑	❑	❑	❑
General Surgical	❑	❑	❑	❑
Orthopedics	❑	❑	❑	❑
Wound Care	❑	❑	❑	❑
Cardiac	❑	❑	❑	❑
ICU/SICU	❑	❑	❑	❑
Oncology	❑	❑	❑	❑
Geriatrics	❑	❑	❑	❑
Respiratory	❑	❑	❑	❑
Transplants	❑	❑	❑	❑
Neurological:				
CVA	❑	❑	❑	❑
SC	❑	❑	❑	❑
MS	❑	❑	❑	❑
Parkinson's	❑	❑	❑	❑
TBI	❑	❑	❑	❑

Work Hardening	1	2	3	4
FCE	❑	❑	❑	❑
Work Site Evaluation	❑	❑	❑	❑
Work Hardening	❑	❑	❑	❑
Chronic Pain	❑	❑	❑	❑
NDT	❑	❑	❑	❑
Aquatics	❑	❑	❑	❑
Home Care	❑	❑	❑	❑
Oasis Paperwork	❑	❑	❑	❑

Extended Care	1	2	3	4
Free Standing	❑	❑	❑	❑
Hospital Based	❑	❑	❑	❑
MDS	❑	❑	❑	❑
RUGS Levels	❑	❑	❑	❑

Pediatrics	1	2	3	4
Acute	❑	❑	❑	❑
Rehabilitation	❑	❑	❑	❑
School Based	❑	❑	❑	❑
Positioning Aids	❑	❑	❑	❑
Wheelchair Fitting	❑	❑	❑	❑
Neonatal	❑	❑	❑	❑
Outpatient	❑	❑	❑	❑
Oral Motor	❑	❑	❑	❑
Assisted Tech/ Classroom Adaptation	❑	❑	❑	❑

Rehabilitation	1	2	3	4
SCI	❑	❑	❑	❑
CVA	❑	❑	❑	❑
TBI	❑	❑	❑	❑
General Medicine/ Deconditioning	❑	❑	❑	❑
Guillane Barre	❑	❑	❑	❑
MS	❑	❑	❑	❑
MD	❑	❑	❑	❑
Ortho	❑	❑	❑	❑
Cardiac/Pulmonary	❑	❑	❑	❑
Amputee	❑	❑	❑	❑
Home Evaluations	❑	❑	❑	❑

Outpatient	1	2	3	4
Manual Therapy:				
Spinal	❑	❑	❑	❑
Extremity	❑	❑	❑	❑
Backs:				
McKenzie	❑	❑	❑	❑
Maitland	❑	❑	❑	❑
Other:_____	❑	❑	❑	❑
Necks:				
McKenzie	❑	❑	❑	❑
Maitland	❑	❑	❑	❑
Other:_____	❑	❑	❑	❑
Knees:				
ACL Rehab	❑	❑	❑	❑
Arthroscopic Surgery	❑	❑	❑	❑
Patello-Fernoral Disorders	❑	❑	❑	❑
Soft Tissue Trauma	❑	❑	❑	❑
Wound Care	❑	❑	❑	❑
Arthritis	❑	❑	❑	❑
Progressive Strengthening	❑	❑	❑	❑
Orthotics Prescription	❑	❑	❑	❑
Prosthetics Fitting & Training	❑	❑	❑	❑
Sports Medicine	❑	❑	❑	❑
Modalities:				
US/Phono	❑	❑	❑	❑
Traction	❑	❑	❑	❑
Heat/Cold	❑	❑	❑	❑
Myofascial Release	❑	❑	❑	❑
Electrical Stimulation	❑	❑	❑	❑
Whirlpool	❑	❑	❑	❑
Iontophoresis	❑	❑	❑	❑
EMG/NCV	❑	❑	❑	❑
Biofeedback	❑	❑	❑	❑
TENS	❑	❑	❑	❑
Isokinetics:				
BTE	❑	❑	❑	❑
Cybex Biodex	❑	❑	❑	❑
KinCom	❑	❑	❑	❑
Lido	❑	❑	❑	❑

Documentation	1	2	3	4
700 & 701 Forms	❑	❑	❑	❑
MDS Form	❑	❑	❑	❑
EMR Systems (Electronic Medical Records)	❑	❑	❑	❑

Years of Experience In:	# Of Yrs.
General Acute Care	_____
Rehabilitation Hospital	_____
Skilled Nursing Facility	_____
Home Health Care	_____
Orthopedics	_____
Industrial Medical Clinic	_____
Sports Medicine Clinic	_____
Outpatient Private	
Practice Clinic	_____
Children's Hospital	_____
School Systems	_____

Signature: _____ Date: _____